

OFFICE OF ADMINISTRATIVE HEARINGS STATE OF CALIFORNIA GENERAL JURISDICTION DIVISION

For more information visit

www.dgs.ca.gov/oah

State Agency Request to Set

Case information			
Date From			
Case Name			OAH Case Number
Name of Agency			Agency Case Number
Agency Attorney/Representative	Respondent/	Appellant/Petitioner	Respondent/Attorney/Representative
Name:	Name:		Name:
Address:	Address:		Address:
Telephone:	Telephone:		Telephone:
Fax: Fax:			Fax:
Email:	Email:		Email:
Preferred Method of Service:	e: Preferred Method of Service:		Preferred Method of Service:
☐ Email ☐ Fax ☐ U.S. Mail	Fax U.S. Mail Email Fa		☐ Email ☐ Fax ☐ U.S. Mail
Accusation	Statement of Iss	ues	Pleadings must be attached)
IF PLEADINGS ARE NOT ATTACHED A HEARING MAY NOT BE SET			
Statutory Time Limit: Statutory Time Limit:	If yes, provide legal authority (Code & Section Number)		If yes, date by which case must be heard. (Month/Day/Year)
Time estimate for hearing: Hours	Days	Hearing Location:	
Provide at least three dates preferred (All Parties) (CCR, tit. 1 § 1018(a)(6))	Dates coordinated with all parties? ☐ Yes ☐ No		Dates unavailable for at least 6 months (All Parties)
	If no, attach DGS-OAH Form 20 (Statement of Agency's Reasonable Efforts to Confer). Failure to coordinate dates or provide an explanation will result in OAH assigning hearing dates.		
Additional comments and/or instruction not file a Notice of Defense.	s: request for acco	ommodation, request for	security, etc. List any respondents who did
☐ Electronic recording by consent (Gov. Code, § 11512, subd. (d)) (attach copy of written consent) ☐ OAH to request court reporter ☐ Agency to provide court reporter (If no selection is made a Court Reporter will be ordered and the agency will be charged.)			

NOTICE: This is not a reservation of dates. Completion of this form does not guarantee that you will receive the hearing dates requested. Dates are subject to availability at the time OAH processes this form.

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